

# DS LAW, PLLC

1629 K Street NW  
Suite 300  
Washington, DC 20006

David R. Siddall  
(202) 559-4690

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Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 Twelfth Street, SW  
Washington, DC 20554

Notice of *Ex Parte* Presentation:

**ET Docket No. 08-59**, Amendment of the Commission's Rules to Provide Spectrum for the Operation of Medical Body Area Networks;  
**GN Docket No. 12-268**, Expanding the Economic and Innovation Opportunities of Spectrum Through Incentive Auctions;  
**WP Docket No. 07-100**, Amendment of Part 90 of the Commission's Rules; and  
**PS Docket No. 11-153**, Facilitating the Deployment of Text-to-911 and Other Next Generation 911 Applications.

Dear Ms. Dortch:

On Thursday, May 2, 2013, Delroy Smith, Principal Scientist and Project Leader, Philips Healthcare Wireless Monitoring Solutions; Tony Lee, Senior Manager, Federal Government Relations, Philips Home Healthcare Solutions; and David Siddall, counsel to Philips Healthcare, met with Matthew Quinn, Director of Healthcare Initiatives. The following issues and proceedings were addressed in the course of discussing the interests of Philips Healthcare in improving patient care by the use of wireless devices regulated by the Commission.

**ET Docket No. 08-59**: Philips emphasized the need for prompt action on both the pending reconsideration petitions<sup>1</sup> and on appointment of an MBAN coordinator.<sup>2</sup> With regard to some of the reconsideration points, Philips noted that portions of the rules adopted by the FCC are inconsistent with provisions in existing IEEE standards intended for use in the MBANS. Philips expressed its hope that the Commission's rules will be amended to permit the full promise of MBAN technology to be realized as envisioned in the IEEE standards unless there are very substantial policy reasons for not doing so.

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<sup>1</sup> See Petition for Reconsideration in Docket 08-59 filed jointly by Philips Healthcare, GE Healthcare, and the Aerospace and Flight Test Radio Coordinating Council (the "Joint Parties") (October 11, 2012). See also *Ex Parte* Notice filed by the Joint Parties in Docket 08-59 (Jan. 31, 2013).

<sup>2</sup> See Comments of Philips Healthcare and GE Healthcare in Docket 08-59 (Sept. 10, 2012).

Given the work needed and time required for a new MBAN coordinator to establish a coordination system and negotiate suitable procedures with the Aeronautical Mobile Telemetry (AMT) coordinator, Philips suggested that if action on the MBAN coordinator is being delayed by the more complex issues in the reconsideration, that the MBAN coordinator order be moved forward separately.<sup>3</sup> The Commission directed its staff “to initiate the selection of an MBAN coordinator(s), with a target of completing the process by June 2013” in its Report and Order issued almost a year ago,<sup>4</sup> and every effort should be made to meet this objective without compromising work on the reconsideration issues.

**GN Docket No. 12-268:** In the context of clearing television broadcast spectrum for auction to wireless services, hospital wireless monitoring devices that operate on channel 37 (608-614 MHz) as part of the Wireless Medical Telemetry Service (WMTS) are at risk of being moved or subject to increased levels of interference.<sup>5</sup> Philips emphasized the large number of devices at risk by decisions to be made in this proceeding and the prohibitive cost of moving them if relocated. It was acknowledged that most of the proposed band plans include keeping WMTS within 608-614 MHz, however potential destructive interference would be created if unlicensed devices on the same spectrum or mobile devices and base stations on adjacent spectrum are allowed without safeguards. Philips’ representative, Delroy Smith, participated in the FCC work shop the next day where aspects of various band plans were discussed.

**WP Docket No. 07-100:** Philips long has advocated that the Commission permit more efficient use of the 1427-1432 MHz band in order to expand capacity to accommodate more WMTS devices.<sup>6</sup> WMTS devices should be allowed secondary access to the non-primary portions of the 1427-1432 MHz band on a par with the secondary access accorded fixed and mobile non-medical telemetry in the primary WMTS spectrum. The technical feasibility of such sharing is proven, and the FCC’s rules allowing commercial concerns to share WMTS’ primary spectrum, but not *vice versa*, puts WMTS at a disadvantage. The spectrum increasingly is needed for wireless patient monitoring in healthcare facilities, and the original proposal by the interested parties on both sides more than a decade ago for reciprocal sharing should be honored. This is especially important to accommodate the increasing demand for WMTS use of the 1.4 GHz band due to the uncertainties and in some cases over-crowding for in the 608-614 MHz band, discussed above.

The current rules severely restrict spectrum sharing among multiple WMTS vendors in the same hospital. With spectrum scarce, we need to find ways to increase its utilization.

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<sup>3</sup> Action on both the reconsideration issues and appointment of an MBAN coordinator is necessary to roll out service. One should not delay the other.

<sup>4</sup> See Amendment of the Commission’s Rules to Provide Spectrum for the Operation of Medical Body Area Networks, *First Report and Order and Further Notice of Proposed Rulemaking*, 27 FCC Rcd 6422 at 6456, ¶73 (2012).

<sup>5</sup> See 27 FCC Rcd 12357 (2012) (“NPRM” or “Notice”).

<sup>6</sup> See Philips Healthcare Systems, Comments and Reply Comments in WP Docket No. 07-100 (May 14, 2010 and June 1, 2010, respectively).

Adoption of Philips' proposal would significantly improve spectrum efficiency in the WMTS 1.4 GHz band. A vendor determining that its technology cannot use secondary spectrum would limit its use to the primary portion of the band. Vendors, with safety oversight from the Food and Drug Administration (FDA), will achieve safe and effective operations for WMTS systems in both primary and secondary spectrum.

**PS Docket No. 11-153:** Philips Lifeline, a division of Philips Home Monitoring, provides Personal Emergency Response Systems (PERS) that include wearable devices and automatic fall monitors. These devices permit help to be summoned either manually or automatically when a telephone cannot be reached. The devices communicate directly to a specialized call center where trained personnel use client records to respond in a manner specific to each client's needs. Emergency 911 response services are immediately contacted by the call center specialist when warranted, but more often a relative or neighbor is contacted or other service provided as pre-arranged when the need is not a medical emergency. The vast majority of contacts/signals to the PERS call center are not medical emergencies. Requiring all automated signals to be routed to PSAPs, including those such as PERS signals, would unnecessarily waste resources better spent handling real emergencies.

In its Notice of Proposed Rulemaking addressing Next Generation 911 (NG-911), the Commission suggested the possibility of requiring device-initiated automatic alarms be sent to Public Safety Answering Points (PSAPs),<sup>7</sup> which would by-pass the medical device service provider. Philips opposes such a requirement. Most calls from its devices do not require an emergency response, but when they do, Philips' call center specialists are trained to quickly and accurately determine the problem and provide this information to the PSAP. The call center database of client-specific preferences and contacts permits superior service to the person in need, and furthermore, the large volume of calls that would result from requiring all device-initiated calls be directed to 911 could unnecessarily overload the PSAP. Philips understands that this issue may be raised again in a future Notice, and stated that any such new consideration should exclude automated devices such as those used in its PERS.

Pursuant to Section 1.1206 of the Commission's Rules, this letter is being electronically filed in the above-referenced dockets and a copy e-mailed to Matthew Quinn. Please refer any questions to David Siddall at the above address.

Respectfully,



David R. Siddall  
Counsel to Philips Healthcare

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<sup>7</sup> See Facilitating the Deployment of Text-to-911 and Other Next Generation 911 Applications, PS Docket No. 11-153, *Notice of Proposed Rulemaking*, 26 FCC Rcd 13615 at ¶¶ 2, 23 (2011).